

Jessica Lunardi

Buyer

847-412-0407

Telephone Number

jlunardi@mitchellplanning.com

E-mail Address

847-412-0385

Fax Number

UNIVERSITY OF CONNECTICUT HEALTH CENTER

Procurement Operations & Contracts

263 Farmington Avenue, MC4036

Farmington, CT 06032-4036

| RFP NUMBER: | PROPOSAL DUE DATE: | PROPOSAL DUE TIME: | RFP SURETY: |
|---|--------------------|--------------------|-------------|
| 5-2656 | 9/25/2015 | 2:00 pm EST | N/A |
| RFP TITLE: Portable Digital X-Ray (NHT) | | | |

ADDENDUM NUMBER: 1

DATE ADDENDUM ISSUED: 9/11/2015

FOR: The University of Connecticut Health Center

NOTE: To provide answers to vendor questions.

This Addendum must be *Signed & Returned* with your proposal.

Authorized Signature of Proposer

Company Name

Approved By: _____



Jessica Lunardi

Buyer

(Original Signature on Document in Procurement Files)